# Waste Disposal Form

## [NAME] Health Facility

### Disposal Form No._______________

<table>
<thead>
<tr>
<th>Item</th>
<th>Product Description</th>
<th>Unit Pack</th>
<th>Reason for Disposal</th>
<th>Disposal Method</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Total Value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chloramphenicol eye drops</td>
<td>10ml</td>
<td>Expired 11/04</td>
<td>Sewer</td>
<td>50</td>
<td>5.00</td>
<td>250.00</td>
<td>Slipped through unsealed carton bottom</td>
</tr>
<tr>
<td>2</td>
<td>Vit. B Co syrup</td>
<td>100 ml</td>
<td>Broken bottles</td>
<td>Sewer</td>
<td>12</td>
<td>10.00</td>
<td>120.00</td>
<td>Slipped through unsealed carton bottom</td>
</tr>
<tr>
<td>3</td>
<td>Penicillin tabs</td>
<td>1000</td>
<td>Expired</td>
<td>Encapsulation</td>
<td>8</td>
<td>20.00</td>
<td>160.00</td>
<td>Antibiotic, do not destroy by landfill</td>
</tr>
</tbody>
</table>

Total on this form: 370.00

Store keeper name: ___________  Signature: ___________  Date: ___________

Head of Accounting: ___________  Signature: ___________  Date: ___________

Head of Facility: ___________  Signature: ___________  Date: ___________

Disposing Officer: ___________  Signature: ___________  Date Disposed: ___________

**Review Date:**
**Date Reviewed:**
**Signature:**

*SOP from EPN’s online Centre of Excellence - [www.epnetwork.org](http://www.epnetwork.org)*